

VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

PIN (6 digit)

COUNTY

DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

☐ CHECK HERE IF THIS IS A
NEW ADDRESS.

CITY

CHDP MEDI-CAL PROVIDER

☐ Yes ☐ No

ZIP CODE

DELIVERY: Please specify all days
and times you may receive vaccine.


DAY AND TIME

☐ Tue.

DAY AND TIME

☐ Wed.

DAY AND TIME

☐ Thu.

DAY AND TIME

☐ Fri.

CONTACT PERSON

TELEPHONE

FAX

Vaccines¹

Write in the name of the manufacturer
you prefer (if any) for DTaP, hepatitis A,
hepatitis B, Hib, and Tdap vaccines in the
indicated spaces below.

**YOU MUST COMPLETE ALL THE BOXES IN THE FOUR
COLUMNS BELOW FOR VFC TO PROCESS YOUR ORDER.
(EVEN IF YOU ARE ONLY ORDERING ONE VACCINE)**

Number of Doses
(VFC Only) Used
Since Last Order
Enter "0" if None

VACCINE INVENTORY

Number of Doses
(VFC Only) On-Hand

Lot Number

Expiration Date

Vaccine Shipped
in Vials of the
Following Sizes

**New Vaccine
Order**
(Minimum 10
doses)
**Order in
multiple
of 10 doses**

REGULAR ORDER VFC VACCINES

DTaP (Preferred Mfr.: _____)					10 x 1 dose vial	doses
DTaP/Hepatitis B/IPV Combination					10 x 1 dose vial	doses
Hepatitis A (Age 12 months–18 years) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
Hepatitis B (Pediatric/Adolescent) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
Hepatitis B/Hib Combination					10 x 1 dose vial	doses
Hib (Preferred Mfr.: _____)					10 x 1 dose vial 5 x 1 dose vial	doses
IPV (Inactivated Polio Vaccine)					10 dose vial	doses
Meningococcal Conjugate (ONLY for adolescents 11–18 years of age)					5 x 1 dose vial	doses
Pneumococcal Conjugate					5 x 1 dose vial	doses
Rotavirus (Live, Oral Vaccine) (ONLY for infants ages 6 - 32 weeks)					10 x 1 dose in 2mL tubes	doses
Td–Preservative Free (Age 7–18 years)					10 x 1 dose syringe no needle	doses
Tdap (Adolescent Td with acellular pertussis [booster] ages 10-18 years) ² (Preferred Mfr.: _____)					10 x 1 dose vial	doses

REGULAR VFC VACCINES STORED IN THE FREEZER

MMR (Combined Measles, Mumps, and Rubella)					10 x 1 dose vial	doses
Varicella (Chickenpox)					10 x 1 dose vials	doses
MMRV (Combined Measles, Mumps, Rubella, and Varicella [Chickenpox] vaccines for children 12 mos to 12 years)					10 x 1 dose vial	doses

IMPORTANT **IF THE SPECIFIC VACCINE MANUFACTURERS I HAVE INDICATED ABOVE ARE NOT AVAILABLE:**
☐ Send another manufacturer's vaccine. ☐ Send the manufacturer's vaccine I requested when it is available.

Notes #1: Toxoids and vaccines not available through the VFC Program: DT-Pediatric, DTaP-Hib, OPV, tetanus, measles, MR (measles-rubella), mumps, and rubella vaccines, HBIG, and PPD.

Notes #2: Read the package insert to see if the product selected can be given at 10 years of age.

- Instructions:**
1. Please Print or Type.
 2. Order no more than once every two months (i.e., no more than six times per year).
Place your order with sufficient stock on hand to allow at least 30 days for delivery. (It should not take 30 days to deliver vaccine, but this will prevent you from running out of vaccine if there is a delay in filling your order.)
 3. Fax your order to the VFC Program.

Questions: Toll-free: 877-2Get-VFC (877-243-8832)

FAX orders to: Toll-free: 877-FAXX-VFC (877-329-9832)



VFC Program • California Department of Health Services, Immunization Branch
850 Marina Bay Parkway, Building P • Richmond, CA 94804

STATE USE ONLY

ASSIGNED

APPROVED

ASSIGNED

ENTERED

SHIPPED